



## Registration Form

To register, please complete this form and send with payment.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(please print clearly - this will be used to print your badge)

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Level of Provider: ☐ EMT-Basic ☐ EMT-Paramedic ☐ School Nurse ☐ Nurse ☐ Administrator ☐ Other

Affiliation (s): \_\_\_\_\_ ☐ Paid Service ☐ Volunteer Service  
(to be printed on your badge)

Affiliation (s): \_\_\_\_\_ ☐ Public School ☐ Private School  
(to be printed on your badge)

☐ I am a member of a volunteer first aid squad or rescue squad. I am submitting an EMT Training Fund certificate of eligibility form in lieu of registration payment. I will be responsible for the cost of provided meals and breaks during the Conference, as they are not covered under the EMITF.

☐ I am a school nurse at a public or private school in New Jersey. I am submitting a letter of affiliation on school stationery in lieu of registration payment. I will be responsible for the cost of provided meals and breaks during the Conference, as they are not covered under the EMSC grant.

I would like to register for the following: (Cost includes conference registration with meals (breakfast, lunch and breaks)

	Non-Volunteer	In lieu of registration payment Volunteer w/ training fund OR NJ School Nurse
<input type="checkbox"/> Full Conference. Thursday, November 2 - Saturday, November 4	\$150.00	\$50.00
<input type="checkbox"/> 1 Day Only _____ (enter day)	\$50.00	\$30.00
<input type="checkbox"/> 2 Day - Thursday, November 2 and Friday, November 3	\$100.00	\$40.00
<input type="checkbox"/> 2 Day - Friday, November 3 and Saturday, November 4	\$100.00	\$40.00
<input type="checkbox"/> NJ 8th Annual EMS Awards Banquet - Friday, November 3	\$40.00	\$40.00

Please indicate the session number you would like to attend for each day. Refer to Conference schedule.

THURSDAY, NOVEMBER 2 9:40 am session # \_\_\_\_\_ 10:50 am session # \_\_\_\_\_ 1:15 pm session # \_\_\_\_\_ 2:30 pm session # \_\_\_\_\_ 3:45 pm session # \_\_\_\_\_

FRIDAY, NOVEMBER 3 9:45 am session # \_\_\_\_\_ 11:00 am session # \_\_\_\_\_ 1:30 pm session # \_\_\_\_\_ 3:00 pm session # \_\_\_\_\_

SATURDAY, NOVEMBER 4 8:30 am session # \_\_\_\_\_ 9:45 am session # \_\_\_\_\_ 11:00 am session # \_\_\_\_\_

Checks made payable to **NJ-ACEP**, registration form and (if applicable) EMT Certificate of Eligibility (training fund) mailed to:

NJ-ACEP  
c/o NJ EMS Conference  
202 West State Street, Trenton, New Jersey 08608  
or  
Visa® MasterCard® or American Express® Payments

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date: \_\_\_\_\_ Signature: \_\_\_\_\_

and fax to: **609-392-2664**

For additional information and to download forms, visit our website: [www.state.nj.health/ems](http://www.state.nj.health/ems) or contact Pam Passman at (609) 392-1213.

Payment and this form DOES NOT reserve your hotel. Contact the Sheraton Atlantic City directly at 888-627-7212.  
To receive the discounted hotel rate of \$139 per night, refer to code: NJ Statewide Conference on EMS.

**REGISTRATION FORMS RECEIVED WITHOUT PAYMENT WILL BE RETURNED WITHOUT PROCESSING.**

**New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services**

**EMT TRAINING FUND  
CERTIFICATE OF ELIGIBILITY FOR CONTINUING EDUCATION COURSES**

Name of Student: \_\_\_\_\_

Volunteer EMS Agency: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Sponsor: **OEMS - New Jersey Statewide Conference on EMS** \_\_\_\_\_

ID Number: \_\_\_\_\_ Course Start Date: **November 2-4, 2006**

The undersigned verifies that:

1. All of the information above is true and accurate.
2. The EMT listed above is a member or a prospective member of a volunteer ambulance, first aid or rescue squad and is eligible for reimbursement of EMT training expenses in accordance with N.J.A.C. 8:40A.
3. All monies paid for training will ONLY be made to the CEU course sponsor.

Verified by:

Name of Principal Officer (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Contact/Telephone Number: \_\_\_\_\_

Signature of Principal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** It is a crime for any person knowingly or willfully to provide false information on this application, or make deliberately misleading statements regarding the eligibility of applicants [N.J.S.A. 2C:21-4(s)].